

AT A GLANCE

UPCOMING DEADLINES

- **ACO Signing Event Period ends:**
December 12, 2023, at 12:00 p.m. (noon) ET

EVENT ANNOUNCEMENTS

- **SSP Learning System Affinity Group:
Integrating Behavioral Health into Primary
Care**

December 14th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [2023 CMS Web Interface PREV-7 Measure Performance Calculation](#)
- [ACO Signing Event Period Opens December 6, 2023, through December 12, 2023](#)
- [Take Action: Update ACO Contacts in ACO-MS When an Employee, Consultant, or Contractor Leaves Your ACO](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

2023 CMS Web Interface PREV-7 Measure Performance Calculation

CMS received several inquiries regarding the performance calculation for the 2023 CMS Web Interface Preventive Care and Screening: Influenza Immunization (PREV-7) measure. This *ACO Spotlight Newsletter* article clarifies how performance is calculated for the 2023 CMS Web Interface PREV-7 measure compared to the 2023 Merit-based Incentive Payment System (MIPS) Clinical Quality Measure (CQM) Quality ID #110.

For Performance Year (PY) 2023, the 2023 CMS Web Interface PREV-7 measure was updated to capture two flu seasons during the measurement period: flu season 2022–2023 and flu season 2023–2024 (87 FR 70628). The updates were made to align the 2023 CMS Web Interface PREV-7 measure with the MIPS CQM Quality ID #110. However, as discussed below, there are differences in the performance calculation between the 2023 CMS Web Interface collection type and the MIPS CQM Quality ID #110 that prevent their full alignment.

A CMS Web Interface measure is sampled and scored at the patient level. Performance on a measure is therefore either met, not met, or a denominator exception applies for each patient in the sample. In the case of the 2023 CMS Web Interface PREV-7 measure, a patient is counted only once in the denominator and once in the numerator whether the patient has a qualifying encounter for a single flu season or both flu seasons. A provider must have documentation showing the patient received immunization for the flu season(s) for which the patient was sampled to meet performance for the patient. For example, a patient sampled in both flu seasons, to which no denominator exceptions applied, is included once in the denominator. Numerator performance is evaluated once, based on the administration of the flu vaccine for both flu seasons. The patient sample files will contain the same set of variables included in prior years, with the addition of two new indicators that correspond to the two separate flu seasons, one for the 2022–2023 flu season and one for the 2023–2024 flu season. The indicator(s) will be checked if the beneficiary qualifies for the sample based on that timeframe. If the beneficiary qualifies based on both timeframes, then both indicators will be checked.

A MIPS CQM measure is scored at the encounter level. Performance on a measure is therefore either met, not met, or a denominator exception applies for each qualifying encounter. In the case of 2023 MIPS CQM Quality ID #110, a patient may be counted twice in the denominator and twice in the numerator. A provider must have documentation showing the patient received immunization for the applicable flu season in which the qualifying encounter occurs to meet performance for the encounter. For example, a patient with a qualifying encounter in each flu season, to which no denominator

exceptions applied, is included twice in the denominator. Each denominator-eligible instance would be assessed for numerator performance based on administration of the flu vaccination.

For the 2023 CMS Web Interface PREV-7 measure specification and supporting documentation, please refer to the [Performance Year 2023 APM Performance Pathway: CMS Web Interface Measure Specifications and Supporting Documents for ACOs](#) (zip). The MIPS CQM Quality ID #110 is only available for the MIPS Value Pathways (MVPs) reporting framework. To review the specification, please refer to the [2023 MVP Quality Measure Specification for Quality IDs 110 and 111](#) (zip) on the [Quality Payment Program \(QPP\) Resource Library](#).

As a reminder, measure scoring benchmarks are specific to a measure collection type. For PY 2023, the CMS Web Interface PREV-7 measure will have a flat benchmark. For more information on the benchmarks for the CMS Web Interface measures, please review the [Performance Year 2023 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs](#) in the [QPP Resource Library](#).

Questions?

Please contact the QPP Service Center at 1-866-288-8292 (Monday–Friday, 8:00 a.m.–8:00 p.m. Eastern Time (ET)) or by e-mail at: QPP@cms.hhs.gov. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant.

ACO Signing Event Period Opens December 6, 2023, through December 12, 2023

Prior to the start of a new performance year, the Shared Savings Program requires all approved applicants and currently participating ACOs to review, certify, and electronically sign documents related to their participation in the program. ACOs approved for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver and/or Beneficiary Incentive Program (BIP) will need to sign additional documentation.

All currently participating ACOs in the Shared Savings Program must complete actions during the ACO Signing Event period in advance of PY 2024. This cohort includes ACOs that have elected to maintain their participation in the same level of the BASIC track's glide path.

The ACO Signing Event period opens **Wednesday, December 6, 2023**, and will end on **Tuesday, December 12, 2023, at 12:00 p.m. (noon) ET**. All currently participating ACOs should log into the [ACO Management System \(ACO-MS\)](#) to review and sign their ACO Signing Event documents. **All ACO Signing Event activities must be completed by December 12, 2023, at 12:00 p.m. (noon) ET.**

Refer to the [ACO Signing Event Instructions](#) and [How to Review and Certify the ACO Participant List and ACO Provider/Supplier List in ACO-MS](#) tip sheet, located on the [Application Toolkit webpage](#), for additional information.

Confirm That Signatory Contacts Can Log into ACO-MS

ACOs should confirm that an individual is assigned to each of the ACO Signing Event signatory contact types in ACO-MS: **ACO Executive, Authorized to Sign (primary and secondary) Contacts, and Data Use Agreement (DUA) Requestor**. If a signatory contact is not assigned or needs to be updated, any ACO user with administrative privileges—ACO Executive, CMS Liaison, Authorized to Sign (primary and secondary) Contacts, and the Application Contacts (primary and secondary)—can add or edit an ACO's contacts.

For additional information on how to update contacts or how to add users to ACO-MS, refer to the [Overview of ACO-MS User Access and ACO Contacts](#) tip sheet on the [Application Toolkit webpage](#).

Review Your ACO's Data

CMS strongly encourages ACOs to allocate enough time and resources to thoroughly review their ACO Participant List, ACO Provider/Supplier List, and/or SNF Affiliate List (if applicable). Additionally, ACOs are able to review and edit the ACO Provider/Supplier List for PY 2024.

An ACO cannot make changes to its ACO Participant List or SNF Affiliate List during the ACO Signing Event because the deadline to do so has passed.

Take Action: Update ACO Contacts in ACO-MS When an Employee, Consultant, or Contractor Leaves Your ACO

CMS encourages ACO users with administrative privileges to confirm that their ACO contacts are up to date and have access to [ACO-MS](#). Only users with administrative privileges—ACO Executive, CMS Liaison, Authorized to Sign (primary and secondary), and the Application Contacts (primary and secondary)—can manage contact information.

For additional information on how to update contacts or how to add users to ACO-MS, refer to the [Overview of ACO-MS User Access and ACO Contacts](#) tip sheet.

Follow the steps below when an individual leaves your ACO to ensure continuity of communication among remaining personnel and to protect CMS data from disclosure to unauthorized parties:

- **Remove the contact from ACO-MS.** An ACO official (ACO Executive, Authorized to Sign (primary and secondary) Contacts, or CMS Liaison) must remove and/or replace the individual on the Contacts subtab in ACO-MS. If you have questions regarding updating information in ACO-MS, please email SharedSavingsProgram@cms.hhs.gov. Note that once contacts are removed from ACO-MS, if the user was also granted a QPP Security Official or QPP Staff User role, they will no longer be able to use their ACO-MS login credentials to access the [QPP website](#) and will need to register for QPP separately. The QPP uses the Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) system for credential management. Please go to the [QPP website](#) to register with HARP.
- If you are removing an entity with whom your ACO no longer works, you will need to remove that entity from your ACO's DUA tracking system.

You should maintain your ACO contacts monthly and keep them updated throughout the year. CMS does not maintain distribution lists for program correspondence. All email distributions are pulled directly from the ACO contacts listed in ACO-MS.

EVENT ANNOUNCEMENTS

SSP Learning System Affinity Group: Integrating Behavioral Health into Primary Care

THURSDAY, DECEMBER 14, 2023, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACOs. Team members supporting primary care and behavioral health services—including care navigators, clinicians, and social workers—may be most interested in attending.
- **Description:** Join us for an affinity group focused on ACOs' strategies for addressing behavioral health among ACO beneficiaries. Attendees will participate in interactive discussion activities to surface challenges and crowdsource solutions around behavioral health integration, including:
 - Approaches to integrating behavioral health into primary care;
 - Available tools for integrating and supporting behavioral health in annual wellness visits, including screening and health information technology tools;
 - Ways to improve the patient experience with behavioral health integration in primary care.

Affinity groups provide an opportunity for interactive peer-to-peer learning and networking. CMS encourages attendees to engage in active discussion and to turn on their camera during this event.

Do you have any specific questions related to behavioral health integration you would like to surface? Please suggest questions for discussion by emailing jconway@mathematica-mpr.com with the subject line "12/14/23 Event Questions" by close of business, Friday, December 8th.

CONTACT INFORMATION FOR ACOs

ACO Coordinator

For questions regarding the Shared Savings Program, **your ACO Coordinator is your first line of contact**. For further assistance, reach out to the SSP Helpdesk or Quality Payment Program (QPP) Service Center. Refer to the section below to determine which center to contact.

ACO Information Center

Click the SSP Helpdesk icon (located within the [ACO-MS](#) banner)

- Shared Savings Program operations and policy inquiries; technical inquiries related to program data, reports, and performance; ACO-MS; and assistance with user access to CMS systems, including password resets

Quality Payment Program Service Center

QPP@cms.hhs.gov

Hours: Monday–Friday, 8:00 a.m.–8:00 p.m. ET

- Inquiries related to MIPS, MACRA, CAHPS® for MIPS survey, CMS Web Interface, quality measures, quality reporting, and Promoting Interoperability measures
- 1-866-288-8292
- For hearing impaired customers, please dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant

[CCSQ Support Central](#): Request Support, Schedule a Call, Chat Support

Not for Public Dissemination: The ACO Spotlight Newsletter is a biweekly publication by CMS for ACOs participating in the Shared Savings Program. It is distributed by email only to ACO contacts listed in CMS' ACO-MS. This newsletter is not intended to establish CMS policy and is for informational purposes only for the sole use of the individual(s) to whom it is addressed, and individuals associated with their ACO. The newsletter is not intended for public release. The ACO Spotlight Newsletter is published, produced, and disseminated at U.S. taxpayer expense. If you have received this in error, please notify the sender immediately by emailing SharedSavingsProgram@cms.hhs.gov.